Fill in this info	rmation to identify your	case:		
Debtor 1	Robert Aaron Ko	lwitz		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	DISTRICT OF OREGON	I, PORTLAND DIVISION	
Case number	18-60211-dwh11			
(if known)				Check if this is an amended filing
Official F	orm 106Sum			
Summary	of Your Assets	and Liabilities an	d Certain Statistical Information	on 12/15
information. Fil	ll out all of your schedule	s first; then complete the	re filing together, both are equally responsible information on this form. If you are filing ame the box at the top of this page.	

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 275,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 12,167.00 1c. Copy line 63, Total of all property on Schedule A/B..... 287,167.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2. 65,000.00 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 20,000.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F...... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &chedule E/F..... 89,411.00 Your total liabilities 174,411.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income(Official Form 106I) 4,970.00 Copy your combined monthly income from line 12 oSchedule I..... Schedule J: Your Expenses (Official Form 106J) 2.648.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$			_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	20,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	20,000.00

Debtor 1	Robert Aaro	n Kolwitz			l l			
	i iist ivailie	Middle	Name	Last Name	<del></del> }			
Debtor 2	First Name	Midalo	None	Last Name				
(Spouse, if filing)	First Name		Name					
United States Ban	kruptcy Court for	the: DISTRICT	OF ORI	EGON, PORTLAND DIVISION				
Case number 1	8-60211-dwh1	1					Check if this is ar amended filing	
Official For	m 106A/B	!						
Schedule		=					12/15	
hink it fits best. Be	as complete and a space is needed, a	accurate as possible	e. If two	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally responsible for su	upplying	correct	
Part 1: Describe E	ach Residence, B	uilding, Land, or Oth	ner Real	Estate You Own or Have an Interest In				
. Do you own or ha	ive any legal or eq	uitable interest in ar	ny resid	ence, building, land, or similar property?				
☐ No. Go to Part 2	2.							
Yes. Where is	the property?							
1.1			What	t is the property? Check all that apply  Single-family home	Do not deduct secured of	slaime o	overnations But	
815 NE Eac			_	Duplex or multi-unit building	the amount of any secur	nt of any secured claims on Schedule D:  Who Have Claims Secured by Property.		
Street address, if	available, or other des	scription		Condominium or cooperative	Creditors with have Cia	airiis sec	urea by Property.	
				Manufactured or mobile home				
Newport	OR	97365-2830		Land	Current value of the entire property?		rent value of the tion you own?	
City	State	ZIP Code		Investment property Timeshare	\$275,000.00		\$275,000.00	
				Other	Describe the nature of (such as fee simple, te			
			Who	has an interest in the property? Check one	a life estate), if known.		•	
Lincoln			_	Debtor 1 only  Debtor 2 only	Fee Simple			
County				•	Obselvit this is seen			
				At least one of the debtors and another	Check if this is co (see instructions)	mmunit	у ргорепту	
				r information you wish to add about this iter erty identification number:	m, such as local			

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debte	or 1 Kolwitz, Robert Aaron		Case number (if known)	18-60211-dwh11
3. <b>Ca</b>	rs, vans, trucks, tractors, sport utility ve	hicles, motorcycles		
	Ma			
_				
-	Yes			
3.1	Make: Ford	Who has an interest in the preparty? Cheek are	Do not deduct sec	ured claims or exemptions. Put
3.1	Model: Explorer	Who has an interest in the property? Check one  Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year: 2002	☐ Debtor 2 only	Current value of t	
	Approximate mileage: 492000	Debtor 1 and Debtor 2 only	entire property?	the Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$500	\$500.00
	amples: Boats, trailers, motors, personal wat	d other recreational vehicles, other vehicles, ercraft, fishing vessels, snowmobiles, motorcycle		
■,	Yes			
4.1	Make: Fleetwood	Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on Schedule D:
	Model:	Debtor 1 only		ve Claims Secured by Property.
	Year: <b>2004</b>	Debtor 2 only	Current value of t	
	Other information:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		☐ Check if this is community property	\$5,000.0	00 \$5,000.00
	5th Wheel	(see instructions)		<del></del>
		n for all of your entries from Part 2, including imber here		\$5,500.00
	Describe Your Personal and Household It			
	ou own or have any legal or equitable info	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	xamples: Major appliances, furniture, linens, No	china, kitchenware		
	Yes. Describe	od and Furnishings in Storage		\$2,000.00
	Household Gol	od and Furnishings in Storage		Ψ2,000.00
	Household Go	ods and Furnishings		\$150.00
	ectronics xamples: Televisions and radios; audio, video including cell phones, cameras, n	o, stereo, and digital equipment; computers, printenedia players, games	ers, scanners; music collec	tions; electronic devices
	No			
	Yes. Describe			****
	Televisions, Ce	ellphone, Camera		\$200.00
E	ellectibles of value camples: Antiques and figurines; paintings,	orints, or other artwork; books, pictures, or other a oles	irt objects; stamp, coin, or b	paseball card collections; other
	Yes. Describe			
	Paintings			\$1,200.00

Debior	Kolwitz, Robert Aaron Case number (if known)	18-60211-awn11
0 <b>F</b> i	want for an art and habite	
	nent for sports and hobbies oles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and instruments	kayaks; carpentry tools; musical
■ No □ Yes	. Describe	
_	rms nples: Pistols, rifles, shotguns, ammunition, and related equipment	
■ No □ Yes	. Describe	
11. Cloth	es nples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
_	. Describe	
	Clothing	\$200.00
12. <b>Jewel</b> Exan	ry nples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,	silver
	. Describe	
13 <b>Non-f</b>	arm animals	
Exan	nples: Dogs, cats, birds, horses	
■ No	. Describe	
14. <b>Any c</b> ■ No	ther personal and household items you did not already list, including any health aids you did not list	
	. Give specific information	
	the dollar value of all of your entries from Part 3, including any entries for pages you have attached for 3. Write that number here	\$3,750.00
Port 4	escribe Your Financial Assets	
	own or have any legal or equitable interest in any of the following?	Current value of the
·		portion you own?  Do not deduct secured claims or exemptions.
☐ No	nples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
■ Yes	Cash	\$550.00
	sits of money nples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage hour institutions. If you have multiple accounts with the same institution, list each.	ses, and other similar
□ No	Institution name:	
<del></del> 165	······································	
	17.1. Checking Account SELCO	\$834.00
	17.2. Savings Account SELCO	\$5.00

Case 18-30211-dwh13 Doc 13 Filed 02/12/18

page 4

Schedule A/B: Property

Official Form 106A/B

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D	Debtor 1 Kolwitz, Robert Aaron		Case number (if known)	18-60211-dwh11
28	B. Tax refunds owed to you ☐ No			
		hem, including whether you already filed the returns and the	ne tax years	
		2016 Tax Refund	Federal	\$827.00
		2016 Tax Refund	State	\$296.00
		2017 Tax Refund	State	unknown
		2017 Tax Refund	Federal	unknown
29	<ul> <li>P. Family support  Examples: Past due or lump sum alim  No  Yes. Give specific information</li> </ul>	ony, spousal support, child support, maintenance, divorc	e settlement, property	settlement
30	<ul> <li>Other amounts someone owes you  Examples: Unpaid wages, disability ins unpaid loans you made to</li> <li>No</li> <li>Yes. Give specific information</li> </ul>	urance payments, disability benefits, sick pay, vacation pa someone else	y, workers' compensat	ion, Social Security benefits;
31	Interests in insurance policies     Examples: Health, disability, or life insu     No     ☐ Yes. Name the insurance company of	rrance; health savings account (HSA); credit, homeowner's	s, or renter's insurance	
	Company		у:	Surrender or refund value:
32	<ul> <li>2. Any interest in property that is due y If you are the beneficiary of a living trus died.</li> <li>■ No</li> <li>□ Yes. Give specific information</li> </ul>	ou from someone who has died t, expect proceeds from a life insurance policy, or are curr	ently entitled to receive	property because someone has
33		or not you have filed a lawsuit or made a demand for putes, insurance claims, or rights to sue	r payment	
	Tes. Describe each daim	Claim against Elaina Amunuson for breach of Small Claims Proceeding filed in the amount Collectibility unknown.		unknown
34	Other contingent and unliquidated cl     No     ☐ Yes. Describe each claim	aims of every nature, including counterclaims of the	debtor and rights to s	set off claims
35	5. Any financial assets you did not alre	ady list		
	■ No □ Yes. Give specific information			
30		entries from Part 4, including any entries for pages yo		\$2,767.00

Debtor 1	Kolwitz, Robert Aaron	Case number (if known)	18-60211-dwh11
Part 5: Do	escribe Any Business-Related Property You O	lwn or Have an Interest In. List any real estate in Part 1.	
-	own or have any legal or equitable interest in o to Part 6.	any business-related property?	
_	Go to line 38.		
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
38. <b>Acco</b> u	ınts receivable or commissions you alrea	ady earned	
■ No	Describe		
⊔ Yes.	Describe		
	equipment, furnishings, and supplies		
Exam ■ No	ples: Business-related computers, software,	modems, printers, copiers, fax machines, rugs, telephones, desks, ch	airs, electronic devices
	Describe		
40 Mash:		and in business and tools of court tools	
40. Wachi	nery, fixtures, equipment, supplies you ι	ise in business, and tools of your trade	
Yes.	Describe		
	Construction Tools	3	\$150.00
41. Invent ■ No	ory		
	Describe		
42. Interes	sts in partnerships or joint ventures		
	. Give specific information about them		
	Name of entity:	% of ownership:	
43 Custo	mer lists, mailing lists, or other compilati	ions	
■ No.	more, maining note, or earner compilati		
☐ Do yo	our lists include personally identifiable information	ation (as defined in 11 U.S.C. § 101(41A))?	
	■ No		
	☐ Yes. Describe		
44. <b>Any b</b> No	usiness-related property you did not alre	ady list	
☐ Yes.	Give specific information		
		n Part 5, including any entries for pages you have attached for	\$150.00
Part	5. Write that number here		\$150.00
	escribe Any Farm- and Commercial Fishing-Royou own or have an interest in farmland, list it in F	elated Property You Own or Have an Interest In. Part 1.	
46. <b>Do yo</b>	u own or have any legal or equitable inte	rest in any farm- or commercial fishing-related property?	
	. Go to Part 7.		
	s. Go to line 47.	Out and the AVP Property	_
Official For	III IU6A/B	Schedule A/B: Property	page 6

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Debt	or 1 Kolwitz, Robert Aaron		Case number (if known)	18-60211-dwh11
Part 7	7: Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	o you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$275,000.00
56.	Part 2: Total vehicles, line 5	\$5,500.00		<del> </del>
57.	Part 3: Total personal and household items, line 15	\$3,750.00		
58.	Part 4: Total financial assets, line 36	\$2,767.00		
59.	Part 5: Total business-related property, line 45	\$150.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$12,167.00	Copy personal property to	tal <b>\$12,167.00</b>

\$287,167.00

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

Fill in this information to identify your case:				
First Name	Middle Name	Last Name	}	
First Name	Middle Name	Last Name		
kruptcy Court for the:	DISTRICT OF OREGON	I, PORTLAND DIVISION		
8-60211-dwh11				
			☐ Check if this is an amended filing	
	Robert Aaron Ko First Name  First Name  kruptcy Court for the:	Robert Aaron Kolwitz First Name Middle Name  First Name Middle Name  kruptcy Court for the: DISTRICT OF OREGON	Robert Aaron Kolwitz  First Name Middle Name Last Name  First Name Middle Name Last Name  kruptcy Court for the: DISTRICT OF OREGON, PORTLAND DIVISION	

### Official Form 106C

Part 1: Identify the Property You Claim as Exempt

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming?	Check one only, even	if you	r spouse is filing with you.	
	☐ You are claiming state and federal nonbankr	uptcy exemptions. 11	U.S.C	. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 U.	S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B t	that you claim as exe	mpt, fi	ill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	045 N5 5 1 04	\$275,000.00		\$12,255.00	11 USC § 522(d)(5)
	815 NE Eads St Newport OR, 97365-2830 County: Lincoln Line from Schedule A/B 1.1			100% of fair market value, up to any applicable statutory limit	
	Ford	\$500.00			11 USC § 522(d)(2)
	Explorer 2002 492000 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Fleetwood	\$5,000.00			11 USC § 522(d)(1)
	2004 Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	
	Household Good and Furnishings in	\$2,000.00			11 USC § 522(d)(3)
	Storage Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Household Goods and Furnishings	\$150.00			11 USC § 522(d)(3)
	Line from Schedule A/B: 6.2			100% of fair market value, up to	

Official Form 106C

Schedule C: The Property You Claim as Exempt

any applicable statutory limit

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Televisions, Cellphone, Camera Line from Schedule A/B. 7.1	\$200.00			11 USC § 522(d)(3)
Line from Scredule A/B. 7.1			100% of fair market value, up to any applicable statutory limit	
Paintings	\$1,200.00			11 USC § 522(d)(3)
Line from Schedule A/B. 8.1			100% of fair market value, up to any applicable statutory limit	
Clothing	\$200.00			11 USC § 522(d)(3)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Cash	\$550.00		\$550.00	11 USC § 522(d)(5)
Line from Schedule A/B. 16.1			100% of fair market value, up to any applicable statutory limit	
SELCO	\$834.00	•	\$834.00	11 USC § 522(d)(5)
Line from Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit	
SELCO	\$5.00		\$5.00	11 USC § 522(d)(5)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
TLC Federal Credit Union	\$6.00		\$6.00	11 USC § 522(d)(5)
Line from Schedule A/B. 17.3			100% of fair market value, up to any applicable statutory limit	
TD Ameritrade account #2912	\$93.00			11 USC § 522(d)(12)
Line from Schedule A/B. 21.1		•	100% of fair market value, up to any applicable statutory limit	
TD Ameritrade Account #8273	\$156.00			11 USC § 522(d)(12)
Line from Schedule A/B. 21.2			100% of fair market value, up to any applicable statutory limit	
Construction Tools	\$150.00			11 USC § 522(d)(6)
Line from Schedule A/B. 40.1	_		100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3  ■ No □ Yes. Did you acquire the property covere □ No □ Yes	s years after that for case	s filed		

Official Form 106C

Fill in this informa	tion to identify you	r case:				
Debtor 1	Robert Aaron k				$\neg$	
Dalitano	First Name	Middle Name Las	t Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last	t Name			
United States Bank	cruptcy Court for the	DISTRICT OF OREGON, PORTLAN	ND DIVISIO	N .		
Case number 18	3-60211-dwh11					
(if known)	5-60211-GWII11				☐ Check	if this is an
					ameno	led filing
Official Form	106D					
Schedule [	D: Creditors	Who Have Claims Sec	cured	by Property	/	12/15
		If two married people are filing together, bot t, number the entries, and attach it to this fo				
1. Do any creditors ha	ave claims secured by	y your property?				
□ No. Check the control of the c	nis box and submit th	is form to the court with your other schedu	ıles. You ha	ave nothing else to rep	ort on this form.	
Yes. Fill in a	II of the information b	elow.				
Part 1: List All	Secured Claims					
		more than one secured claim, list the creditor se		Column A	Column B	Column C
		s a particular claim, list the other creditors in Pa cal order according to the creditor 's name.	rt 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Ditech Fina	ancial, LLC	Describe the property that secures the cla	aim:	\$65,000.00	\$275,000.00	\$0.00
Creditor's Name		815 NE Eads St, Newport, OR 97365-2830				
PO Box 617		As of the date you file, the claim is: Check	all that			
Rapid City,		apply.	un triat			
57709-6172		☐ Contingent				
Number, Street, C	City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		■ An agreement you made (such as mortga	age or secur	ed		
Debtor 2 only		car loan)	-g			
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
☐ At least one of the	•	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim	m relates to a	Other (including a right to offset)				
Date debt was incur	red	Last 4 digits of account number				
		lumn A on this page. Write that number here	e:	\$65,000.	00	
If this is the last pag Write that number he		ne dollar value totals from all pages.		\$65,000.	00	
Part 2: List Othe	rs to Be Notified fo	r a Debt That You Already Listed				

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill	in this info	rmation to identify your o	case:						
Deb	otor 1	Robert Aaron Ko	lwitz						
		First Name	Middle	Name	Last	Name	_		
	otor 2 use if, filing)	First Name	Middle	Name	Last	Name			
` '									
Unit	ted States E	Bankruptcy Court for the:	DISTRICT	OF OREGO	N, PORTLANI	D DIVISION			
Cas	se number	18-60211-dwh11						l I	
(if kn	own)							_	if this is an
								amend	led filing
Off	icial Fo	rm 106E/F							
		E/F: Creditors W	/ho Have	e Unsec	ured Clai	ms			12/15
		and accurate as possible. Us					creditors with NON	PRIORITY claims. Lis	t the other party to
case Par	number (if k	All of Your PRIORITY Un	secured Cla	ims	The areart, do no	tine that i art.	On the top of any au	unional pages, write	your manie and
		litors have priority unsecure	d claims agair	nst you?					
	☐ No. Go to	Part 2.							
	Yes.								
	identify what possible, list	our priority unsecured claims type of claim it is. If a claim ha the claims in alphabetical orde an one creditor holds a particul	as both priority or according to	and nonpriorit the creditor 's	y amounts, list th name. If you hav	at claim here ar	nd show both priority a	nd nonpriority amount	s. As much as
	(For an expla	anation of each type of claim, s	see the instruct	ions for this fo	rm in the instruct	tion booklet.)			
							Total claim	Priority amount	Nonpriority amount
2.1	IRS		ı	Last 4 digits of	of account num	ber	\$16,000.00	\$16,000.00	\$0.00
	Priority	Creditor's Name		Whon was the	e debt incurred?	,			
	PO Bo	ox 7346	'	Wileli was tile	e debt incurred			-	
	Philad	delphia, PA 19101-734	6						
		Street City State Zlp Code		_	you file, the cl	aim is: Check a	II that apply		
		red the debt? Check one.		Contingent					
	■ Debtor	1 only	l	Unliquidate	ed				
	☐ Debtor 2	2 only	l	☐ Disputed					
	☐ Debtor	1 and Debtor 2 only	1	Type of PRIO	RITY unsecured	l claim:			
	☐ At least	one of the debtors and another	<sub>er</sub> I	Domestic s	support obligation	ns			
	☐ Check i	if this claim is for a commur	nity debt	Taxes and	certain other del	ots you owe the	government		
	Is the clain	n subject to offset?	I	Claims for	death or persona	al injury while yo	u were intoxicated		
	■ No		I	Other. Spe	· ——				
	☐ Yes				Taxes				

2.2 ODR Bkcv	Last 4 digits of account number \$4,000	0.00 \$4,000.00 \$0.00
2.2 ODR Bkcy Priority Creditor's Name		<del> \$4,000.00</del> \$0.00
	When was the debt incurred?	
955 Center St NE Salem, OR 97301-2555		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	
Debtor 1 only	☐ Unliquidated	
Debtor 2 only	☐ Disputed	
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:	
☐ At least one of the debtors and another	☐ Domestic support obligations	
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government	
Is the claim subject to offset?	$\square$ Claims for death or personal injury while you were intoxicated	d
No	Other. Specify	
Yes	Taxes	
Part 2: List All of Your NONPRIORITY Unsect	red Claims	
3. Do any creditors have nonpriority unsecured clair	ns against you?	
☐ No. You have nothing to report in this part. Submi	this form to the court with your other schedules.	
	this form to the court with your other schedules.	
■ Yes.	, and the second	
<ul><li>■ Yes.</li><li>4. List all of your nonpriority unsecured claims in th</li></ul>	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a credition. For each claim listed, identify what type of claim it is. Do not list	
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other.</li> </ul>	e alphabetical order of the creditor who holds each claim. If a cr	st claims already included in Part 1. If more
<ul><li>Yes.</li><li>4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of the control of the co</li></ul>	e alphabetical order of the creditor who holds each claim. If a colaim. For each claim listed, identify what type of claim it is. Do not list	st claims already included in Part 1. If more
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other 2.</li> </ul>	e alphabetical order of the creditor who holds each claim. If a creditor. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecure	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other.</li> </ul>	e alphabetical order of the creditor who holds each claim. If a creditor. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecure.  Last 4 digits of account number	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other.</li> <li>Canyon Way Dentist         Nonpriority Creditor's Name     </li> </ul>	e alphabetical order of the creditor who holds each claim. If a creditor. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecure	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the othe 2.</li> <li>Canyon Way Dentist         <ul> <li>Nonpriority Creditor's Name</li> </ul> </li> <li>1001 SW Hurbert St</li> </ul>	e alphabetical order of the creditor who holds each claim. If a creditor. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecure.  Last 4 digits of account number	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4. List all of your nonpriority unsecured claims in th unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the othe 2.  4.1  Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code	e alphabetical order of the creditor who holds each claim. If a creditor. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecure.  Last 4 digits of account number	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4. List all of your nonpriority unsecured claims in th unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the othe 2.  4.1  Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code Who incurred the debt? Check one.	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4. List all of your nonpriority unsecured claims in th unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the othe 2.  4.1  Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list recreditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4. List all of your nonpriority unsecured claims in th unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the othe 2.  4.1  Canyon Way Dentist  Nonpriority Creditor's Name  1001 SW Hurbert St  Newport, OR 97365-4615  Number Street City State Zlp Code Who incurred the debt? Check one.	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4. List all of your nonpriority unsecured claims in th unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other 2.  4.1  Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list recreditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4.1 List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other 2.  4.1 Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list recreditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:	st claims already included in Part 1. If more ed claims fill out the Continuation Page of Part  Total claim
4.1 Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code Who incurred the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans	et claims already included in Part 1. If more end claims fill out the Continuation Page of Part  Total claim  unknown
4.1 Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list recreditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:	et claims already included in Part 1. If more end claims fill out the Continuation Page of Part  Total claim  unknown
4.1 Canyon Way Dentist Nonpriority Creditor's Name  1001 SW Hurbert St Newport, OR 97365-4615 Number Street City State Zlp Code Who incurred the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	e alphabetical order of the creditor who holds each claim. If a crediam. For each claim listed, identify what type of claim it is. Do not list or creditors in Part 3.If you have more than three nonpriority unsecured.  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorting the claim is:	et claims already included in Part 1. If more end claims fill out the Continuation Page of Part  Total claim  unknown  ce that you did not

Debto	Kolwitz, Robert Aaron	Case number (f know) 18-60211-dwh	11
4.2	Cardmember Services Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	PO Box 9001874 Louisville, KY 40290-1874 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  ☐ Debtor 1 only	■ Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify Credit Card	
4.3	Lovejoy, Gari Nonpriority Creditor's Name	Last 4 digits of account number	\$6,344.00
	Nonpholity Creditor's Name	When was the debt incurred?	
	PO Box 1768 Newport, OR 97365-0128 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	$\square$ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Attorney Fees	
4.4	Muhlheim Boyd	Last 4 digits of account number	\$76,542.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 41479 Eugene, OR 97404-0364  Number Street City State Zlp Code	A of the date were file the plates in Charles III that seek	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	$\square$ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Attorney Fees	

Debtor	1 Kolwitz, Robert Aaron	Case number (f know) 18-60211-dwh	11
4.5	Nancy Kolwitz	Last 4 digits of account number	unknown
	Nonpriority Creditor's Name c/o Scott Schaub 2210 NE 22nd St Lincoln City, OR 97367-4200	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	■ Contingent	
	☐ Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	■ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Personal Debt	
4.6	Newport Storage Nonpriority Creditor's Name	Last 4 digits of account number	\$1,500.00
	•	When was the debt incurred?	
	833 NE 3rd St Newport, OR 97365-2501 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Business Debt	
4.7	Northwest Homes Nonpriority Creditor's Name	Last 4 digits of account number	\$1,200.00
	Nonphony Ground of Name	When was the debt incurred?	
	3414 N Highway 101 Depoe Bay, OR 97341-9701		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Business Debt	

Debtor	<sup>1</sup> Kolwitz,	Robert Aaron		Case r	number (if know)	18-60211-dwh	11		
4.8	Robbins, D		Last 4 digits of account number				unknown		
	Nonpriority Cre	ditor's Name	When was the debt incurred?						
	1411 NW 14 Lincoln Cit	y, OR 97367-3353							
•		City State ZIp Code	As of the date you file, the claim	is: Check	all that apply				
	_	the debt? Check one.	■ Contingent						
	Debtor 1 on	•	<u> </u>						
	Debtor 2 on		Unliquidated						
		d Debtor 2 only	Disputed						
		e of the debtors and another	Type of NONPRIORITY unsecure	ed claim:					
	☐ Check if the	is claim is for a community	☐ Student loans			a			
		ubject to offset?	Obligations arising out of a sep report as priority claims	aration ag	reement or divorce	that you did not			
	■ No	<b>,</b>	Debts to pension or profit-shari	na plans.	and other similar de	bts			
	Yes		■ Other. Specify Debt repo						
	□ res		Other. Specify	rteu III	DIVOICE DECIE	<u> </u>			
4.9		ffices of Keith Y. Boyd	Last 4 digits of account number				\$3,825.00		
	Nonpriority Cre	ditor's Name	When was the debt incurred?						
		ral Ave # 106		-					
	Medford, C	<b>DR 97501-7808</b> City State Zlp Code	A - of the date was file the alaba	: ObI	II 4b - 4 b .				
		the debt? Check one.	As of the date you file, the claim	is: Check	сан тасарру				
	■ Debtor 1 on		O continuent						
	Debtor 2 on	•	☐ Contingent ☐ Unliquidated						
		nd Debtor 2 only	☐ Unilquidated ☐ Disputed						
		e of the debtors and another	Type of NONPRIORITY unsecure	ed claim:					
		is claim is for a community	☐ Student loans						
	debt	is claim is for a community	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim su	ubject to offset?	report as priority claims	aranorr ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	anat you are not			
	■ No		Debts to pension or profit-shari	ng plans,	and other similar de	bts			
	Yes		Other. Specify Attorney F	ees					
Dowt 2:	List Other	a to Da Natified About a Dakt T	That Way Almandy Lintad						
Part 3:		s to Be Notified About a Debt T	•		de lista din Danta 4				
is tryiı have r	ng to collect from	om you for a debt you owe to some	ut your bankruptcy, for a debt that yene else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page.	n Parts 1 o	or 2, then list the c	ollection agency here	. Similarly, if you		
Part 4:	Add the A	mounts for Each Type of Unse	cured Claim						
6. Total t	the amounts of	certain types of unsecured claims	s. This information is for statistical i	reporting	purposes only. 28	U.S.C. §159. Add the	amounts for each		
type o	of unsecured cla	aim.							
					Total	Claim			
Tatal ale	6a.	Domestic support obligations		6a.	\$	0.00			
Total cla		Taxes and certain other debts ye	ou owe the government	6b.	\$	20,000.00			
	6c.	Claims for death or personal inj	ury while you were intoxicated	6c.	\$	0.00			
	6d.	Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	0.00			
	6e.	Total Priority. Add lines 6a through	gh 6d.	6e.	\$	20,000.00			
							j		
	6f.	Student loans		6f.	Total	0.00			
Total cla	aims				*	0.00			
from P	<b>art 2</b> 6g.	Obligations arising out of a sepa you did not report as priority cla	aration agreement or divorce that	6g.	\$	0.00			
	6h.		ng plans, and other similar debts	6h.	\$	0.00			

Debtor 1 Kolwitz, Robert Aaron

Case number (f know)

18-60211-dwh11

 Other. Add all other nonpriority unsecured claims. Write that amount here.

\$ 89,411.00

6j. Total Nonpriority. Add lines 6f through 6i.

6j. **\$ 89,411.00** 

Fill in this infor					
Debtor 1	Robert Aaron Ko				
	First Name	Middle Name	Last Name	<del></del> )	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF OREGON	I, PORTLAND DIVISION		
Case number	18-60211-dwh11				
(if known)				☐ Che	ck if this is an
				ame	ended filing

# Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for	
2.1	Jantzen Beach RV Park 1503 N Hayden Island Dr Portland, OR 97217-8299	RV Space	
2.2	Newport Storage 833 NE 3rd St Newport, OR 97365-2501	Storage Unit	

Fill in this	information to identify your o	2250:				
Debtor 1	Robert Aaron Ko					
D.1.	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	DISTRICT OF OREGO	N, PORTLAND DIVISION			
Case num	ber _18-60211-dwh11					
(if known)					☐ Check if this amended filing	
	l Form 106H Iule H: Your Code	ebtors				12/15
are filing to and numbe case numb	are people or entities who are ogether, both are equally resper the entries in the boxes on oper (if known). Answer every que you have any codebtors? (If y	onsible for supplying co the left. Attach the Addi question.	orrect information. If more tional Page to this page. (	e space is needed, c On the top of any Ad	opy the Additional Page	, fill it out,
□ No ■ Yes						
	hin the last 8 years, have you rnia, Idaho, Louisiana, Nevada,				states and territories incl	ude Arizona,
_	. Go to line 3. s. Did your spouse, former spous	se, or legal equivalent live	with you at the time?			
line 2	lumn 1, list all of your codebto again as a codebtor only if th , Schedule E/F (Official Form nn 2.	at person is a guarantor	or cosigner. Make sure y	ou have listed the c	reditor on Schedule D (	Official Form
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	IP Code		Column 2: The cro	editor to whom you owe es that apply:	the debt
	Nancy Kolwitz c/o Scott Schaub 2210 NE 22nd St Lincoln City, OR 97367-42	200		☐ Schedule D, ■ Schedule E/F □ Schedule G Cardmember S	F, line 4.2	

Schedule H: Your Codebtors

Fill	in this information to identify your cas	20.							
	otor 1 Robert Aarol								
	otor 2 suse, if filing)				_				
Uni	ted States Bankruptcy Court for the:	DISTRICT OF OREGO	ON, PORTLAND DIV	'ISION	_				
	18-60211-dwh11						d filing nt showing pos of the following o	•	hapter 13
Of	fficial Form 106I					MM / DD/ Y		uale.	
-	chedule I: Your Inco	me				IVIIVI / DD/ Y	111		12/15
supį spoi attad	is complete and accurate as possibility of the poss	re married and not filing spouse is not filing with	g jointly, and your s h you, do not includ	spouse is le informa	living with	n you, includ it your spou	le information se. If more spa	about yo	ur eded,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing	spouse	
	If you have more than one job,	Empleyment status	■ Employed			☐ Emplo	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not employed			
	employers.	Occupation	Construction						
	Include part-time, seasonal, or self-employed work.	Employer's name	Associate Hom Construction, L		s				
	Occupation may include student or homemaker, if it applies.	Employer's address	1035 SE Bidwe Portland, OR 9		21				
		How long employed th	nere? 3 years	5		_			
Par	t 2: Give Details About Mont	hly Income							
	mate monthly income as of the dat ss you are separated.	e you file this form. If yo	ou have nothing to rep	oort for any	/ line, write	\$0 in the spa	ace. Include you	ır non-filin	g spouse
	u or your non-filing spouse have more ee, attach a separate sheet to this form		pine the information fo	or all emplo	yers for th	at person on	the lines below.	. If you nee	ed more
					For D	Debtor 1	For Debtor non-filing s		
2.	<b>List monthly gross wages, salary</b> deductions). If not paid monthly, ca			2.	\$	3,000.00	\$	N/A	
3.	Estimate and list monthly overting	ne pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add line	2 + line 3.		4.	\$3	,000.00	\$	N/A	

Debt	or 1	Kolwitz, Robert Aaron	_	C	Case r	number (if known)	_1	18-602	<u>11-dw</u>	/h11	
					For	Debtor 1		For De	btor 2	or	
								non-fil	ing sp	ouse	
	Cop	by line 4 here	4.		\$	3,000.00		\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	600.00		\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00		\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00		\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00		\$		N/A	
	5e.	Insurance	5e.		\$	0.00		\$		N/A	
	5f.	Domestic support obligations	5f.		\$_	0.00		\$		N/A	
	5g. 5h.	Union dues	5g. 5h.		\$_ \$	0.00		\$		N/A	
_		Other deductions. Specify:			· —		+	\$		N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ <u> </u>	600.00		\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,400.00		\$		N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		Φ.			•			
	O.L.	monthly net income.	8a.		\$	1,053.00		\$		N/A	
	8b. 8c.	Interest and dividends	8b.	•	\$	0.00		\$		N/A	
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00		\$		N/A	
	8d.	Unemployment compensation	8d.		\$	0.00		\$		N/A	
	8e.	Social Security	8e.		\$	1,517.00		\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00		\$		N/A	
	8g.	Pension or retirement income	— 8g.		<u>\$</u> —	0.00		\$		N/A	
	8h.	Other monthly income. Specify:	8h.	+	\$	0.00	+	\$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	- <u>-</u>	2,570.00		\$		N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	Φ.		1,970.00 + \$			N/A =	•	4,970.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		<del>1,970.00</del> τ ψ	_		N/A	" —	4,970.00
11.	State Included the Don	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avacify:	lepende			,		chedule –		+\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain							12.		4,970.00
										Combin	
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						n	nontrily	income
		Yes. Explain:					_				

	in this info	tion to identif				•		
FIII	n this informa	tion to identify yo	our case:					
Debt	tor 1	Robert Aaro	n Kolwit	Z			eck if this is:	
Debt	tor 2						An amended filing  A supplement sho	wing postpetition chapter 13
(Spo	ouse, if filing)					_	expenses as of the	e following date:
Unite	ed States Bankr	uptcy Court for the	: DISTRI	CT OF OREGON, PORTL	AND DIVISION		MM / DD / YYYY	
1	e number nown)	3-60211-dwh1	1					
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your	 Expen	ses				12/15
Be a	as complete a	and accurate as	possible. eded, attac	If two married people are				supplying correct our name and case number
Part		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to	o line 2. <b>s Debtor 2 live i</b>	n a senara	ite household?				
	□ N		n a sopare	no nousenoia.				
		-	st file Offici	al Form 106J-2, <i>Expenses</i> i	for Separate Housel	holdof Debt	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.					_	Yes
								□ No □ Yes
							_	_ □ No
								☐ Yes
								□ No
3.	Do your eyn	enses include	_				<u> </u>	Yes
٥.	expenses of	people other th	nan <sub>—</sub>	No Yes				
	yourself and	d your depende	nts? └	res				
Part		ate Your Ongoi						
exp				ptcy filing date unless yo is filed. If this is a supple				
				overnment assistance if				
	ue of such as: icial Form 10		ve include	ed it on Schedule I: Your I	ncome		Your exp	penses
4.		r home owners d any rent for the		ses for your residence. In lot.	clude first mortgage	4.	\$	575.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's				4b.	· ———	0.00
			•	ipkeep expenses		4c.	·	125.00
5.		owner's associat nortgage pavme		iominium dues i <b>ur residence,</b> such as hom	ne equity loans	4d. 5.	·	0.00
					. ,	٠.		0.00

r 1 Kolwitz, Robert Aaron			18-60211-dwh11
Utilities:	0-	¢.	0.00
<ul><li>6a. Electricity, heat, natural gas</li><li>6b. Water, sewer, garbage collection</li></ul>		\$ \$	0.00
, , , , ,		:	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services		\$	58.00
6d. Other Specify: Propane		\$	40.00
Food and housekeeping supplies		\$	700.00
Childcare and children's education costs	_	\$	0.00
Clothing, laundry, and dry cleaning	_	\$	150.00
Personal care products and services		\$	100.00
Medical and dental expenses	11.	\$	300.00
<b>Transportation.</b> Include gas, maintenance, bus or train fare.	10	¢	200.00
Do not include car payments.		\$	
Entertainment, clubs, recreation, newspapers, magazines, and books		\$	50.00
Charitable contributions and religious donations	14.	\$	0.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15a. 15b.	·	125.00
15c. Vehicle insurance		\$	
		·	110.00
15d. Other insurance. Specify:	15d.	Ψ	0.00
<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
Installment or lease payments:		Ψ	0.00
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17a. 17b.	·	0.00
17c. Other. Specify:		\$ ——	0.00
17d. Other. Specify:	17d.	·	
	17d.	Φ	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.	·	0.00
Other real property expenses not included in lines 4 or 5 of this form or on School		Income.	
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
20d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e. Homeowner's association or condominium dues		\$ ——	0.00
Other: Specify: Newport Storage Cure Payment	21.	·	25.00
		+\$	90.00
Newport Storage Fee	<u> </u>		90.00
Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	2,648.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,648.00
Calculate your monthly not income	L	-	,
Calculate your monthly net income.	220	¢	4 070 00
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	4,970.00
23b. Copy your monthly expenses from line 22c above.	230.	- <b>Ф</b>	2,648.00
23c Subtract your monthly expenses from your monthly income	ſ	,	
	23c.	\$	2,322.00
<ul><li>23b. Copy your monthly expenses from line 22c above.</li><li>23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i>.</li></ul>	23b. 23c.	\$	2,648.0
Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? ☐ No.			ease or decrease because o
Explain here:In June 2018 Debtor's expenses will increase Debtor's divorce decree creates an \$1100 per month su not paying. The dispute will be heard by a circuit court	ipport pay	ment that	the debtor disputes

Fill in this information to identify you	ur case:		
Debtor 1 Robert Aaron I	Kolwitz		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name	
(Spouse if, filing) First Name	Middle Name	Last Name	
United States Bankruptcy Court for the	e: DISTRICT OF OREGON, PO	ORTLAND DIVISION	
Case number 18-60211-dwh11			
(if known)			☐ Check if this is an
			amended filing
Official Form 106Dec			
<b>Declaration About</b>	an Individual D	ebtor's Schedi	ules 12/15
			12/13
If two married people are filing togeth	ner, both are equally responsible	e for supplying correct inform	ation.
			false statement, concealing property, or to \$250,000, or imprisonment for up to 20
years, or both. 18 U.S.C. §§ 152, 1341		by case can result in filles up	o \$250,000, or imprisonment for up to 20
, ,	,,		
Sign Below			
Did you pay or agree to pay sor	meone who is NOT an attorney t	o help you fill out bankruptcy	forms?
■ No			
Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice.
			Declaration, and Signature (Official Form 119)
Under penalty of perjury, I decla	re that I have read the summary	and schedules filed with this	declaration and
that they are true and correct.	that I have read the summary	and schedules med with this	deciaration and
V / / D   / / / / / / / / / / / / / / / /		V	
X /s/ Robert Aaron Kolwitz	2	Signature of Debtor 2	
Robert Aaron Kolwitz Signature of Debtor 1		Signature of Debtor 2	

Date

Date February 11, 2018

Fill	in this informa	ation to identify you	r case:			
Deb	otor 1	Robert Aaron K	Olwitz Middle Name	Last Name		
Deb	otor 2	i iist Name	Wildlie Walle	Last Name		
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Banl	kruptcy Court for the:	DISTRICT OF OREGON,	PORTLAND DIVISION		
Cas	se number 1	8-60211-dwh11				
(if kn	nown)				-	Check if this is an
						amended filing
<b>○</b> t	¢: -: - 1	107				
	<u>ficial For</u>		A ( ( ) ( ) ( ) ( ) ( )			
Sta	atement (	of Financial	Affairs for Individ	luals Filing for B	ankruptcy	4/16
			ble. If two married people are attach a separate sheet to th			
		every question.	attacii a separate sheet to th	iis form. On the top of any	additional pages, write your	name and case number
Par	t 1: Give De	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	☐ Married					
	■ Not marri	ied				
2.	During the las	et 3 years, have you	lived anywhere other than w	vhere you live now?		
۷.		st 3 years, nave you	iived ally where other than w	mere you live now :		
	□ No		1: 11 1 10 5			
	Yes. List	all of the places you liv	ved in the last 3 years. Do not in	nclude where you live now.		
	Debtor 1 Price	or Address:	Dates Debtor 1 I	ived Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	1000 SE Ba	ay Blvd # 165	From-To:	☐ Same as Debtor	1	Same as Debtor 1
		R 97365-4201	June 2015 -	16		From-To:
			November 20°	16 		
<b>3.</b> state	es and territories  No	s include Arizona, Cal	ver live with a spouse or legalifornia, Idaho, Louisiana, Nevi	ada, New Mexico, Puerto Rio		
Par	t 2 Explain	the Sources of You	r Income			
4.	Fill in the total If you are filing  No	amount of income yo a joint case and you h	nployment or from operating u received from all jobs and a nave income that you receive to	Il businesses, including part-	time activities.	dar years?
	- Tes. Fill I	n the details.				
			Debtor 1	Onese in the same	Debtor 2	Ones de la constant
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,060.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		Operating a business	

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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$34,520.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2016)	■ Wages, commissions, bonuses, tips	\$40,605.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Debtor 1

Yes. Fill in the details.

	Debtor 1		Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)	
From January 1 of current year until the date you filed for bankruptcy:	Social Security	\$1,517.00			
	Rental Income	\$1,450.00			
For last calendar year: (January 1 to December 31, 2017)	Social Security	\$5,944.00			
	Rental Income	\$16,850.00			
For the calendar year before that: (January 1 to December 31, 2016)	Rental Income	\$11,000.00			

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

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<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

	Yes. <b>Debtor 1 or Debtor 2 or both hav</b> During the 90 days before you filed			\$600 or more?		
	☐ No. Go to line 7.					
	☐ Yes List below each creditor	or to whom you paid a total of support obligations, such a				
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general particular which you are an officer, director, person in conbusiness you operate as a sole proprietor. 11 U	ners; relatives of any genera atrol, or owner of 20% or mo	al partners; partnershi re of their voting secu	os of which you are rities; and any man	a general partnaging agent, inc	luding one for a
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	his payment
•				_		
<ul> <li>8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefinsider?         Include payments on debts guaranteed or cosigned by an insider.     </li> <li>No</li> <li>Yes. List all payments to an insider</li> </ul>					tilat bellented all	
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for the	
			paid	still owe	Include credit	or's name
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes.					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Nancy J. Kolwitz Petitioner and Robert A. Kolwitz Respondent 133143	Divorce Proceeding	Lincoln County Court 225 W Olive St Newport, OR 9		☐ Pending ☐ On appea ☐ Conclude	d
					pending	aring on terms
	Robert Kolwitz v. Elaina Amunuson 17SC54835	Small Claims Proceeding	Lincoln County Court 225 W Olive St Newport, OR 9		■ Pending □ On appea □ Conclude	
10.	Amunuson 17SC54835	Proceeding  cy, was any of your prope	Court 225 W Olive St Newport, OR 9	7365-3811	☐ On appea☐ Conclude	d
10.	Amunuson 17SC54835  Within 1 year before you filed for bankrupto	Proceeding  cy, was any of your prope	Court 225 W Olive St Newport, OR 9	7365-3811	☐ On appea☐ Conclude	d
10.	Amunuson 17SC54835  Within 1 year before you filed for bankrupto Check all that apply and fill in the details below	Proceeding  cy, was any of your prope	Court 225 W Olive St Newport, OR 9	7365-3811	☐ On appea☐ Conclude	d
10.	Amunuson 17SC54835  Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.	Proceeding  cy, was any of your prope	Court 225 W Olive St Newport, OR 9 rty repossessed, fo	7365-3811	☐ On appea☐ Conclude	d

Case number (if known) 18-60211-dwh11

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Official Form 107

Debtor 1 Kolwitz, Robert Aaron

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Kolwitz, Robert Aaron	Ca	Case number (if known) 18-60211-dwh11					
Creditor Name and Address	Describe the Property	Date		Value of the property			
	Explain what happened			property			
Nancy Kolwitz 2210 NE 22nd St	Wages	in 20	17	\$773.07			
Lincoln City, OR 97367-4200	Property was repossessed.						
	Property was foreclosed.						
	Property was garnished.						
	☐ Property was attached, seized or levied.						
<ul> <li>11. Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca</li> <li>■ No</li> <li>□ Yes. Fill in the details.</li> </ul>		nancial institution,	set off any am	ounts from your			
Creditor Name and Address	Describe the action the creditor took	Date taken	action was	Amount			
<ul> <li>12. Within 1 year before you filed for bankruptcy court-appointed receiver, a custodian, or an</li> <li>■ No</li> <li>□ Yes</li> </ul>		sion of an assignee	for the benefi	t of creditors, a			
Part 5: List Certain Gifts and Contributions							
<ul> <li>13. Within 2 years before you filed for bankrupte</li> <li>■ No</li> <li>□ Yes. Fill in the details for each gift.</li> </ul>	cy, did you give any gifts with a total value	of more than \$600	per person?				
Gifts with a total value of more than \$600 person	er Describe the gifts	Dates the g	s you gave ifts	Value			
Person to Whom You Gave the Gift and Address:							
Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No							
Yes. Fill in the details for each gift or contri		-					
Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates	s you ibuted	Value			
Part 6: List Certain Losses							
15. Within 1 year before you filed for bankruptc or gambling?	y or since you filed for bankruptcy, did you	u lose anything bec	ause of theft,	fire, other disaster,			
■ No □ Yes. Fill in the details.							
Describe the property you lost and how the loss occurred	escribe any insurance coverage for the los clude the amount that insurance has paid. Lis surance claims on line 33 of Schedule A/B: Pr	st pending loss	of your	Value of property lost			
Part 7: List Certain Payments or Transfers							

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

			a haulmintai, nat	itian 2			
	consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prep				s require	d in your bankruptcy.	
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	ı	Description and transferred	value of any prope	erty	Date payment or transfer was made	Amount of payment
	The Law Offices of Keith Y. Boyd 724 S Central Ave 106 Medford, OR 97501					1/19/2018	\$310.00
	123 Credit Counselors, Inc.					1/18/2018	\$50.00
	Within 1 year before you filed for bankrupt promised to help you deal with your credit. Do not include any payment or transfer that you No  Yes. Fill in the details.	ors or t	to make payments			y or transfer any propert	y to anyone who
	Person Who Was Paid		Description and	value of any prope	rtv	Date navment or	Amount of
	Address		transferred	value or any prope	erty	Date payment or transfer was made	payment
	Within 2 years before you filed for bankrup transferred in the ordinary course of your I include both outright transfers and transfers migifts and transfers that you have already listed in No	<b>busine</b> : ade as	ss or financial affa security (such as th	irs?			
	☐ Yes. Fill in the details.						
	Person Who Received Transfer Address		property transferred payment		ribe any property or ents received or debts n exchange	Date transfer was made	
	Person's relationship to you						
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pre No ☐ Yes. Fill in the details.			y property to a sel	lf-settled	l trust or similar device o	f which you are a
	Name of trust Description and value of the property transferred					ferred	Date Transfer was made
Par	18: List of Certain Financial Accounts, In	etrum	ents Safe Denosit	Royes and Storag	na l Inite		
	<u> </u>		•	,			
	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assonations.	or othe	er financial accour	its; certificates of		,	, ,
	■ No						
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		t 4 digits of ount number	Type of accoun instrument	t or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Case number (if known) 18-60211-dwh11

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Kolwitz, Robert Aaron

Deb	otor 1 Kolwitz, Robert Aaron		Case number (if known)	18-60211-dwh11				
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for bankruptcy, an	y safe deposit box or o	ther depository for securities,				
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
22. Have you stored property in a storage unit or place other than your home within			year before you filed for	r bankruptcy?				
	□ No							
	Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
	Newport Storage 833 NE 3rd St Newport, OR 97365-2501		Household Goods Furnishings	and □ No ■ Yes				
	Mewport, OK 97303-2301							
Por	t 0. Identify Property Voy Hold or Centre	ol for Someone Elec						
Par	t 9: Identify Property You Hold or Contro	of for Someone Else						
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in tresomeone.				re storing for, or hold in trust for				
	No							
	☐ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	t 10: Give Details About Environmental In	formation						
	the purpose of Part 10, the following definiti							
	Environmental law means any federal, state toxic substances, wastes, or material into t controlling the cleanup of these substance	he air, land, soil, surface water, groundy	• •					
	Site means any location, facility, or propert own, operate, or utilize it, including disposa		aw, whether you now ov	vn, operate, or utilize it or used to				
	Hazardous material means anything an env material, pollutant, contaminant, or similar		waste, hazardous subst	ance, toxic substance, hazardous				
Rep	ort all notices, releases, and proceedings th	aat you know about, regardless of when	they occurred.					
24.	Has any governmental unit notified you that	at you may be liable or potentially liable	under or in violation of	an environmental law?				
	■ No							
	☐ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law know it	v, if you Date of notice				
25.	Have you notified any governmental unit of	·						
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an	Environmental law know it	v, if you Date of notice				
		ZIP Code)						

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Del	btor 1	Kolwitz, Robert Aaron		Case number (if known)	18-60211-dwh11					
26.	Have	ave you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
		No								
		Yes. Fill in the details.								
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pa	rt 11:	Give Details About Your Business or	Connections to Any Business							
27.	With	in 4 years before you filed for bankrup	tcy, did you own a business or have any	of the following conne	ections to any business?					
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity, e	either full-time or part-ti	ime					
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
		☐ A partner in a partnership								
		☐ An officer, director, or managing executive of a corporation								
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.									
		siness Name Describe the nature of the business		Employer Identification number						
		ress ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Se	ocial Security number or ITIN.					
28.		in 2 years before you filed for bankrup utions, creditors, or other parties.	tcy, did you give a financial statement to	o anyone about your bu	siness? Include all financial					
	•	No								
		Yes. Fill in the details below.								
		ICE  FESS  ber, Street, City, State and ZIP Code)	Date Issued							
Pa	rt 12:	Sign Below								
true ban 18 L	and of krupto	correct. I understand that making a fals	nancial Affairs and any attachments, and se statement, concealing property, or ob 00, or imprisonment for up to 20 years, o	taining money or prope						
Ro	bert	Aaron Kolwitz	Signature of Debtor 2							
Sig	natur	e of Debtor 1								
Dat	te <u>F</u>	ebruary 11, 2018	Date							
Did ■ N	No	ttach additional pages to Your Stateme	ent of Financial Affairs for Individuals Fil	ling for Bankruptcy <b>(Off</b>	ficial Form 107)?					
Did ■ N		ay or agree to pay someone who is no	t an attorney to help you fill out bankrup	otcy forms?						
		ame of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	, and Signature (Official I	Form 119).					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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#### CERTIFICATE OF SERVICE

I hereby certify that on February 12, 2018, I served the following SCHEDULES AND STATEMENT OF FINANCIAL AFFAIRS by depositing in the United States mail at Springfield, Oregon full and complete copies thereof, by first class mail, postage prepaid, or email transmission where indicated, addressed to the following:

Robert Kolwitz 1503 N. Hayden Island Drive #855 Portland OR 97217

I hereby certify that on February 12, 2018, I determined from the United States Bankruptcy Court electronic case filing system that the following parties will be served electronically via ECF:

KEITH Y BOYD ecf@boydlegal.net, arnold@boydlegal.net Wayne Godare c0urtmai1@portland13.com, c0urtmai1@portland13ct.com US Trustee, Portland USTPRegion18.PL.ECF@usdoj.gov

THE LAW OFFICES OF KEITH Y. BOYD

By: /s/ Melissa A. Arnold

Melissa A. Arnold, ACP

Paralegal

CERTIFICATE OF SERVICE - Page 1 of 1